

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/				52						
3		/	/				53						
4		/	/				54						
5		/	/				55						
6		/	/				56						
7		/	/				57						
8		/	/				58						
9		/	/				59						
10		/	/				60						
11		/	/				61						
12		/	/				62						
13		/	/				63						
14		/	/				64						
15		/	/				65						
16		/	/				66						
17		/	/				67						
18		/	/				68						
19		/	/				69						
20	/		/				70						
21		/	/				71						
22	/		/				72						
23		/	/				73						
24		/	/				74						
25		/	/				75						
26		/	/				76						
27		/	/				77						
28		/	/				78						
29		/	/				79						
30		/	/				80						
31		/	/				81						
32		/	/				82						
33		/	/				83						
34		/	/				84						
35		/	/				85						
36		/	/				86						
37		/	/				87						
38		/	/				88						
39		/	/				89						
40		/	/				90						
41		/	/				91						
42		/	/				92						
43		/	/				93						
44		/	/				94						
45		/	/				95						
46		/	/				96						
47		/	/				97						
48		/	/				98						
49		/	/				99						
50		/	/				100						
TOTAL IND.	3		6				TOTAL IND.						
TOTAL DEP.	24		7				TOTAL DEP.						
TOTAL CLAIMS	27		13				TOTAL CLAIMS						